

Work Order ID 104929

104929

Page 1

July-23-13 12:57:04 PM

Item ID: D4824-1 Accept *N900040100* Setup Start *NS1*
 Revision ID: Stop *NS2*
 Item Name: Upper Cutter Mount
 Start Date: 7/23/13 Start Qty: 2.00 *2* Cust Item ID:
 Required Date: 7/23/13 Req'd Qty: 2.00 *2* Customer:
 Reference:

Approvals: Process Plan: MLJ Date: 13-07-25 Tooling: _____ Date: _____ Run Start *NR1*
 QC: _____ Date: _____ SPC (Y/N): _____ Date: _____ Stop *NR2*

| Sequence ID/ Work Center ID | Operation Description | Set Up/ Run Hours | Tool ID | Tool # | Plan Code | Accept Qty | Reject Qty | Reject Number | Insp. Stamp |
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
| Draw Nbr | Revision Nbr | | | | | | | | |
| D4824 | A | | | | | | | | |

| | | | | | | | | | |
|------------------------------|-------------------------------------|------|--|--|--|--|--|--|--|
| 100 | Cut blanks as per folio | 0.00 | | | | | | | |
| *100* | | | | | | | | | |
| Bandsaw | Memo | 0.00 | | | | | | | |
| Jeaspa Bandsaw | CUT BLANK AT 12.100" | | | | | | | | |
| 110 | HAAS CNC VERTICAL MACHINING #1 | 0.00 | | | | | | | |
| *110* | | | | | | | | | |
| HAAS 1 | Memo | 0.00 | | | | | | | |
| HAAS CNC vertical machine #1 | 1-Machine per folio FB188 | | | | | | | | |
| | DWG REV: <u>A</u> | | | | | | | | |
| | FOLIO REV: <u>AA</u> | | | | | | | | |
| | 2- deburr and break all sharp edges | | | | | | | | |

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

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|--------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|------------------------------------|------------------------------------|--------------------------------------|------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|----------------------------------------|------------------------------------|----------------------------------------------|--------------------------------|------------------------------------|------------------------------------|-----------------------------------|--|
| Work Order: _____ Part No. _____ NCR No. _____ | DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/> | AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table> | Skid-tube <input type="checkbox"/> | Crosstube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/> | Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/> | |
| Skid-tube <input type="checkbox"/> | Crosstube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | | | | | | | | | | | | | | | |
| Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/> | | | | | | | | | | | | | | | |
| Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | | | | | | | | | | | | | | | |
| Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/> | | | | | | | | | | | | | | | | |

| Root Cause | Date | Step | Qty | Description of work order update or Non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector |
|---------------|------|------|-----|-----------------------------------------------------|-------------------|--------------------|-------------|--------------|--------------|
| Doc/Data | | | | | | | | | |
| Equip/Tooling | | | | | | | | | |
| Operator | | | | | | | | | |
| Material | | | | | | | | | |
| Setup | | | | | | | | | |
| Other | | | | | | | | | |
| Process | | | | | | | | | |
| Supplier | | | | | | | | | |
| Training | | | | | | | | | |
| Unapproved | | | | | | | | | |

FAULT CATEGORY

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| Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube | General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio | <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions |
| | | <input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge |
| | | <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other |

Work Order ID 104929

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Page 2

July-23-13 12:57:04 PM

Item ID: D4824-1 Accept *N900040100* Setup Start *NS1*
 Revision ID: Stop *NS2*
 Item Name: Upper Cutter Mount
 Start Date: 7/23/13 Start Qty: 2.00 *2* Cust Item ID:
 Required Date: 7/23/13 Req'd Qty: 2.00 *2* Customer:
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Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____ Run Start *NR1*
 QC: _____ Date: _____ SPC (Y/N): _____ Date: _____ Stop *NR2*

| Sequence ID/ Work Center ID | Operation Description | Set Up/ Run Hours | Tool ID | Tool # | Plan Code | Accept Qty | Reject Qty | Reject Number | Insp. Stamp |
|--------------------------------|-----------------------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
| 120 | QC2- Inspect parts off machine FAI/FAIB | 0.00 | | | | | | | |
| *120* | | | | | | | | | |
| QC | Memo | 0.00 | | | | | | | |
| Quality Control | | | | | | | | | |
| 130 | QC8- Inspect parts - second check | 0.00 | | | | | | | |
| *130* | | | | | | | | | |
| QC | Memo | 0.00 | | | | | | | |
| Quality Control | | | | | | | | | |
| 131 | | 0.00 | | | | | | | |
| *131* | | | | | | | | | |
| HandFinish | Memo | 0.00 | | | | | | | |
| Hand Finishing | CLEAN AND REMOVE ALL PART MARKING | | | | | | | | |

DAS
40
9-89

13/09/26

2 0

CL 13/09/27

N/AE

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

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|--------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|------------------------------------|------------------------------------|--------------------------------------|------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|----------------------------------------|------------------------------------|----------------------------------------------|--------------------------------|------------------------------------|------------------------------------|-----------------------------------|--|
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| Root Cause | Date | Step | Qty | Description of work order update or Non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector |
|----------------------------------------|------|------|-----|-----------------------------------------------------|-------------------|--------------------|-------------|--------------|--------------|
| Doc/Data <input type="checkbox"/> | | | | | | | | | |
| Equip/Tooling <input type="checkbox"/> | | | | | | | | | |
| Operator <input type="checkbox"/> | | | | | | | | | |
| Material <input type="checkbox"/> | | | | | | | | | |
| Setup <input type="checkbox"/> | | | | | | | | | |
| Other <input type="checkbox"/> | | | | | | | | | |
| Process <input type="checkbox"/> | | | | | | | | | |
| Supplier <input type="checkbox"/> | | | | | | | | | |
| Training <input type="checkbox"/> | | | | | | | | | |
| Unapproved <input type="checkbox"/> | | | | | | | | | |

FAULT CATEGORY

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| Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube | General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio | <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions |
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| <input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge | <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

104929

July-23-13 12:57:04 PM

N900040100

Stop ***NS2***

2

2

Run Start *NR1*

Stop *NR2*

140

Issue P/O: 21510
Black Anodize as per Dwg D4824

150

Packaging

155

0.00

Quality Control

CL 13/09/27 (2)

13/4/22 (2)

BK 22

2

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

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| Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | | | | | | | | | | | | | | | |
| Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/> | | | | | | | | | | | | | | | | |

| Root Cause | Date | Step | Qty | Description of work order update or Non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector |
|----------------------------------------|------|------|-----|-----------------------------------------------------|-------------------|--------------------|-------------|--------------|--------------|
| Doc/Data <input type="checkbox"/> | | | | | | | | | |
| Equip/Tooling <input type="checkbox"/> | | | | | | | | | |
| Operator <input type="checkbox"/> | | | | | | | | | |
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| Setup <input type="checkbox"/> | | | | | | | | | |
| Other <input type="checkbox"/> | | | | | | | | | |
| Process <input type="checkbox"/> | | | | | | | | | |
| Supplier <input type="checkbox"/> | | | | | | | | | |
| Training <input type="checkbox"/> | | | | | | | | | |
| Unapproved <input type="checkbox"/> | | | | | | | | | |

FAULT CATEGORY

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Work Order ID 104929

104929

Page 4

July-23-13 12:57:04 PM

Item ID: D4824-1 Accept *N900040100* Setup Start *NS1*
 Revision ID: Stop *NS2*
 Item Name: Upper Cutter Mount
 Start Date: 7/23/13 Start Qty: 2.00 *2* Cust Item ID:
 Required Date: 7/23/13 Req'd Qty: 2.00 *2* Customer:
 Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____ Run Start *NR1*
 QC: _____ Date: _____ SPC (Y/N): _____ Date: _____ Stop *NR2*

| Sequence ID/ Work Center ID | Operation Description | Set Up/ Run Hours | Tool ID | Tool # | Plan Code | Accept Qty | Reject Qty | Reject Number | Insp. Stamp |
|--------------------------------|----------------------------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
| 170 | QC14- Inspect Spray Paint | 0.00 | | | | | | | |
| *170* | | | | | | | | | |
| QC | Memo | 0.00 | | | | | | | |
| Quality Control | | | | | | | | | |
| 180 | Identify as per dwg & Stock Location: ST139E | 0.00 | | | | | | | |
| *180* | | | | | | | | | |
| Packaging | Memo | 0.00 | | | | | | | |
| Packaging | | | | | | | | | |
| 190 | QC21- Final Inspection - Work Order Release | 0.00 | | | | | | | |
| *190* | | | | | | | | | |
| QC | Memo | 0.00 | | | | | | | |
| Quality Control | | | | | | | | | |

2x DAS 28 13-10-23 9-89

9/13/13-10-24

13-10-23

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

| | | |
|--------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
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| Other | | | | | | | | | |
| Process | | | | | | | | | |
| Supplier | | | | | | | | | |
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FAULT CATEGORY

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| Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube | General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio | <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions |
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Picklist Print

July-23-13 12:57:03 PM

Page 1

Work Order ID: 104929
Parent Item: D4824-1
Parent Item Name: Upper Cutter Mount

Start Date: 7/23/13
Start Qty: 2.00
Required Date: 7/23/13
Required Qty: 2.00

Comments: IPP REV:A NEW ISSUE 13-04-26 JLM VERIFIED BY:DD

| Component Item ID/ Item Name | Replacement Item ID | Mfg/ Purch | Bin Item | Primary Location | Last Location | Route Seq ID | Unit of Measure | Qty on Hand | Qty per Kit | Total Qty | Qty Issued | Date Issued | Status |
|-----------------------------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|--------------|---------------|----------------|--------|
| M7075T6B1.750X04.500 7075-T6 BAR 1.750" X 4.500" | | Purchased | No | | | | f | 9.7040 | | 2.1221052 | | SL 13-9-24 | |

Location

Loc Qty

Loc Code

MAT049

9.704

124383

9.664

124633

0.04

2.1

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

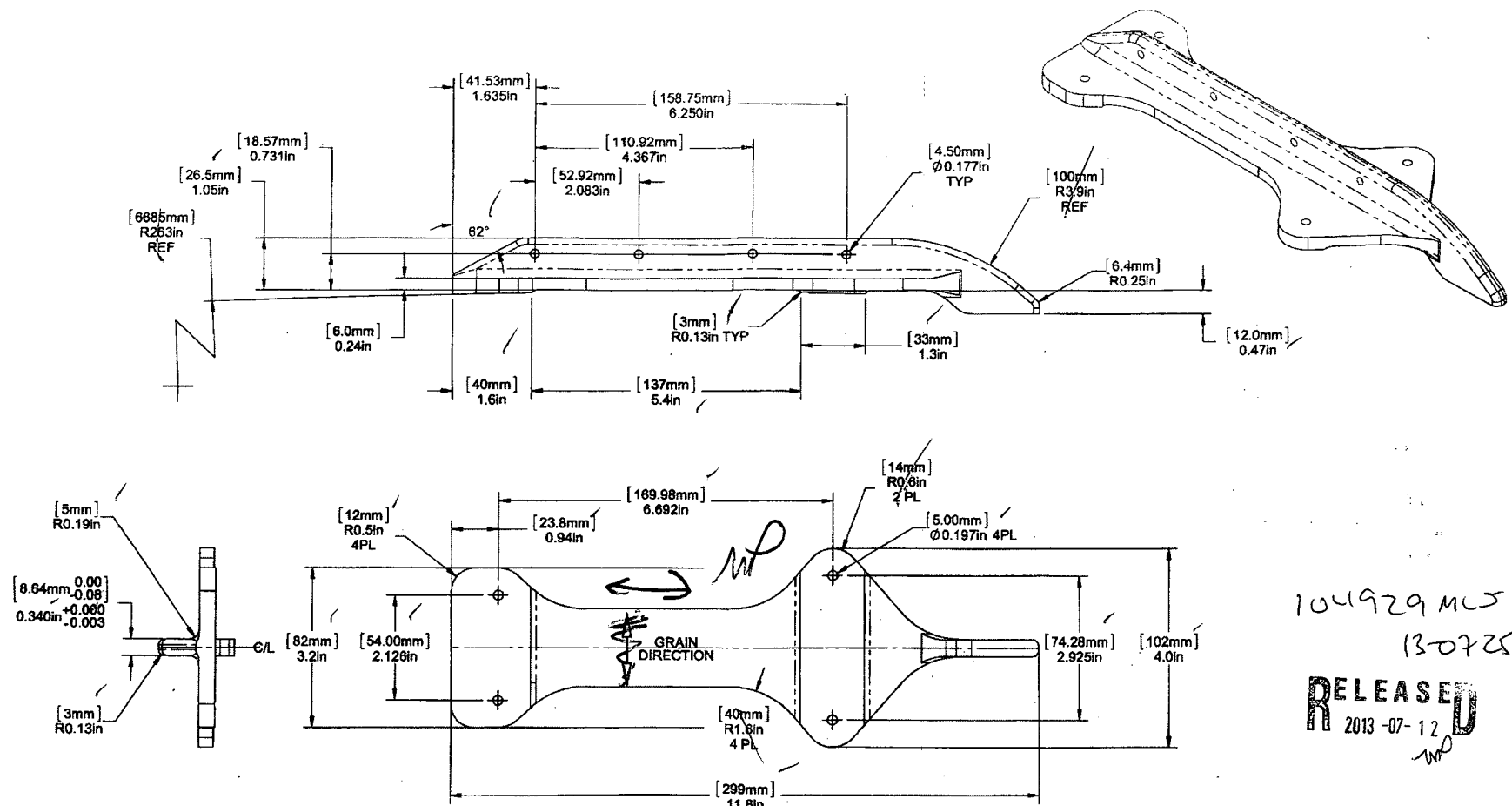
QA Closed: _____ Date: _____

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|--------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|------------------------------------|------------------------------------|--------------------------------------|------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|----------------------------------------|------------------------------------|----------------------------------------------|--------------------------------|------------------------------------|------------------------------------|-----------------------------------|--|
| Work Order: _____ Part No. _____ NCR No. _____ | DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/> | AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table> | Skid-tube <input type="checkbox"/> | Crosstube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/> | Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/> | |
| Skid-tube <input type="checkbox"/> | Crosstube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | | | | | | | | | | | | | | | |
| Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/> | | | | | | | | | | | | | | | |
| Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | | | | | | | | | | | | | | | |
| Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/> | | | | | | | | | | | | | | | | |

| Root Cause | Date | Step | Qty | Description of work order update or Non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector |
|---------------|------|------|-----|-----------------------------------------------------|-------------------|--------------------|-------------|--------------|--------------|
| Doc/Data | | | | | | | | | |
| Equip/Tooling | | | | | | | | | |
| Operator | | | | | | | | | |
| Material | | | | | | | | | |
| Setup | | | | | | | | | |
| Other | | | | | | | | | |
| Process | | | | | | | | | |
| Supplier | | | | | | | | | |
| Training | | | | | | | | | |
| Unapproved | | | | | | | | | |

FAULT CATEGORY

| | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube | General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio | <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions | <input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|



NOTES:

- 1) MATERIAL: 7075-T6 (OR T651/T6510/T6511/T62) ALUMINUM BAR
PER AMS-QQ-A-225/9 (OR AMS 4122/4123/4186/4187) OR
PER AMS-QQ-A-200/11 (REF DART SPEC M7075T6B)
- 2) FINISH: HARD ANODIZE IAW MIL-A-8625 TYPE III, CLASS 2, COLOR BLACK,
PRIME IAW MIL-P-23377J TYPE I CLASS N; 1-2 MIL MAX, AS PER QSI 005.
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: NONE
- 7) WEIGHT: 0.89 lbs (0.40 kgs)
- 8) PART DIMENSIONS CONTROLLED BY CAD MODEL FILE: D4824-1-a.IGES

| | | | | |
|------------|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|--------------|
| A | | NEW RELEASE | DB | 13.05.23 |
| REV. | | DESCRIPTION | BY | DATE |
| DESIGN | DB | DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA | | |
| DRAWN | DB | | | |
| CHECKED | A.P. | DRAWING NO. | REV. A | |
| MFG. APPR. | AP | D4824 | | SHEET 1 OF 1 |
| APPROVED | AP | TITLE | SCALE | |
| DE APPR. | AP | UPPER CUTTER MOUNT | NTS | |
| DATE | 13.05.23 | COPYRIGHT © 2013 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS UNDERSTANDING THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR REPRODUCED IN ANY FORM OR BY ANY MEANS WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD. | | |

104929 MJS
130725
RELEASED
2013-07-12
WJ

| | | |
|---------------------------------|--------|---------------------|
| DART AEROSPACE LTD | | Work Order: 104929 |
| Description: upper cutter mount | | Part Number: D48241 |
| Inspection Dwg: D4824 | Rev: A | Page 1 of 1 |

FIRST ARTICLE INSPECTION CHECKLIST

| Drawing Dimension | Tolerance | Actual Dimension | Accept | Reject | Method of Inspection | Comments |
|-------------------|--------------------------|------------------|--------|--------|----------------------|----------|
| R.19 | $\pm .030$ | .187 | / | 1 | R-G | |
| .340 | $\pm .003$ | .338 | / | | Vern | SL-10 |
| 13 | $\pm .03$ | .125 | / | | R-G | |
| 3.2 | $\pm .000-100$ | 3.228 | / | | Vern | SL-10 |
| 2.126 | $\pm .010$ | 2.126 | / | | - | |
| 11.8 | $\pm .100$ | 11.770 | / | | Vern | CNC-02 |
| 4.0 | $\pm .100$ | 4.028 | / | | - | SL-10 |
| 2.925 | $\pm .010$ | 2.925 | / | | - | |
| Ø.197 | $\pm .004$ $\pm .001$ | .197 | / | | - | |
| 6.692 | $\pm .010$ | 6.692 | / | | H-G | |
| .94 | $\pm .030$ | .938 | / | | Vern | SL-10 |
| 5 | $\pm .100$ | .500 | / | | R-G | |
| 1.05 | $\pm .030$ | 1.043 | / | | Vern | SL-10 |
| .731 | $\pm .010$ | .729 | / | | - | |
| 62° | $\pm .5°$ | 62° | / | | | |
| 1.635 | $\pm .010$ | 1.635 | / | | H-G | |
| 2.083 | $\pm .010$ | 2.083 | / | | Vern | SL-10 |
| 4.367 | $\pm .010$ | 4.367 | / | | | |
| 6.250 | $\pm .010$ | 6.250 | / | | | |
| Ø.177 | $\pm .004$ $\pm .001$ | .178 | / | | | |
| .47 | $\pm .030$ | .473 | / | | H-G | |
| 1.3 | $\pm .100$ | 1.327 | / | | Vern | SL-10 |
| R.13 | $\pm .030$ | .125 | / | | | |

| | | |
|-----------------------|---------------------------|-----------------------|
| Measured by: <u>Y</u> | Audited by: <u>DAS 40</u> | Preliminary Approval: |
| Date: <u>13-9-25</u> | Date: <u>13/09/26</u> | Date: |

| Rev | Date | Change | Revised by | Approved |
|-----|----------|----------------------------|------------|----------|
| E | 10.04.14 | Added preliminary approval | KJ | |

10.04.15



A.T.G. Industries Inc.
731, rue Industrielle Rd.
PLATING DEPARTMENT
Rockland, On K4K 1T2
Canada
Ph: (613) 446-4544
Fax: (613) 446-4556

Pack List

Number: 62694

Date: 21-Oct-13

To

DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ship To

DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ph: 613-632-5200

Fax: 613-632-1185

Ph: 613-632-5200

Fax: 613-632-1185

| Terms | | Ship Via | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------------|
| Quantity | Description | | |
| 1 lot | Part: ASST 2 PCS 646.2910 (48.00) 4 PCS 646.3110 (10.65) 6 PCS 646.3811 (6.55) 35 PCS 646.9910 (13.40) 32 PCS 647.2010 (11.90) 2 PCS D4821-1 (50.25) 7 PCS D4823-1 (11.15) 2 PCS D4824-1 (13.40) HARD ANODIZE BLACK MIL-A-8625 TYPE III CLASS 2 PRIME MIL-P-23377J TYPE I CLASS N PRICE IS PER PIECE Job: 20130656 | Rev: | PO: 21510 Line: |
| <p align="center">Certificate of Conformance</p> <p>A.T.G. Industries certifies that all items in this shipment are in conformance with all requirements, specifications and drawings referenced in the purchase order.</p> <p align="center">ISO 9001 : 2008 REGISTERED ATG SALES-2010 TERMS APPLY</p> <p>DATE: <u>21/10/13</u></p> <p>CERTIFIED SIGNATURE: <u>[Signature]</u></p> <p>RECEIVER SIGNATURE: _____</p> | | | |